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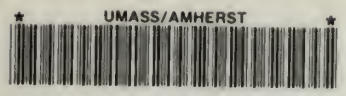

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MASSACHUSETTS
CRIMINAL JUSTICE TRAINING COUNCIL

Medical Guidelines and Procedures for Admission to Basic Recruit Training

AUTHORITY

These Medical Guidelines are issued by the Massachusetts Criminal Justice Training Council, pursuant to Massachusetts General Laws, Chapter 6, Section 118, which provides that the Council may establish rules and regulations related to the entrance requirements of recruits entering basic training schools.

PURPOSE

These guidelines are designed to ensure that persons appointed to full-time positions as police officers, correction officers, motor vehicle examiners or similar positions subject to the recruit training requirements of Massachusetts General Laws Chapter 41, Section 96B are physically fit to perform the rigorous and arduous training requirements for such positions consistent with the following parameters and purposes.

(1) Minimal risk to themselves, their fellow officers and the general public.

(2) Selection of persons who may be expected to perform the tasks of a recruit during Basic Recruit Training.

(3) To forestall disability retirements resulting from a propensity for training related injuries as a result of required performance.

In applying these standards any health problem or physical defect will be evaluated in its relation to a bona fide occupational qualification (BFOQ). If the problem or defect does not contravene the principle of BFOQ, it shall be disregarded in accordance with the MGL Ch. 151B, Section 4, Sub-section 3.

This evaluation will be conducted by the Medical Review Board (MRB) which will consider whether the candidate can perform the essential functions and tasks required for completion of the training regardless of the health problem or physical defect.

Before rendering a final decision on a disqualifying condition, the MRB must consider whether the condition is remediable by a reasonable accommodation as the latter phrase is used in MGL Ch. 151B, Section 4, Sub-section 16.

Publication: #15,431-23-600-4-88-C.R.

Approved by: Ric Murphy, State Purchasing Agent

The term "Potentially Disqualifying Condition" as used in these Guidelines may be defined as follows:

> Any condition specified in these Guidelines, which may render the candidate incapable of satisfactorily completing the training necessary to perform the essential functions of the position.

Candidates with one or more Potentially Disqualifying Conditions will be reviewed on a case-by-case basis by the Medical Review Board (MRB) to determine if they are in fact capable of performing the essential functions of the training.

A Potentially Disqualifying Condition may be temporary or permanent. In cases where the condition is temporary, the candidate's enrollment in a training session may be deferred for the reasonable time required to remedy the condition.

All reviews by the MRB will be conducted on an expeditious manner, as soon as is reasonably possible after referral by Council staff at prescreening.

PROCEDURES

A. Medical Examination Conducted by the Municipalities Prior to Entrance into Training

Prior to admission to an academy, all recruits must have a medical examination completed by a qualified physician. This examination must be conducted in accordance with the medical guidelines and M.G.L., Chapter 151B, Section 4 (16). The examination is considered valid for 180 calendar days.

All candidates screened for attendance in a Basic Recruit Academy by a municipality using these guidelines for selection shall be sent to prescreening regardless of whether or not the results of their physical examination is in conformity with these guidelines.

The Training Council, at the request of the municipality, will provide standard medical examination forms to be completed by the examining physician.

Appointing authorities must submit to the Training Council, the application for attendance and the medical examination form on or before 28 working days prior to the starting date of the academy session for which any candidate is being considered for attendance.

B. Prescreening of Recruits

In order to be assured of each candidate's conformity with these guidelines and to avoid unnecessary delay and expense, the Council will require that all entering candidates be prescreened for conformity with said guidelines. Prescreening will be conducted by the Criminal Justice Training Council.

Prescreening procedures are designed to ascertain the recruit's readiness for training and allow the participating recruit to make an informed decisíon as to his/her level of commitment to enter such training prior to leaving present employment. Because prescreening is conducted prior to the starting date of the session, should a recruit decline to enter the academy, the sponsoring city or town is provided time to replace the recruit with another candidate in the scheduled academy session. The Academy Director, who is present at prescreening, is provided with valuable information as to the ability of the entering student and can properly prepare the instruction and activities.

Prescreening will be conducted at least ten (10) working days prior to the opening date of the academy session and unless an alternate location has been approved, will be conducted at the Metro Boston Complex in Needham or the Connelly Criminal Justice Training Center in Agawam.

There are four consecutive phases to the Prescreening Evaluation:

Phase I	Administrative Review of Compliance with Enrollment Regulations
Phase II	Reading Comprehension Evaluation
Phase III	Conformity with Medical Guidelines
Phase IV	Physical Fitness Evaluation

A non-conformity determined in Phase III of the Prescreening may defer the student from enrollment in the Academy. This phase involves a review of the completed physical examination form and conformity with the guidelines.

Candidates who are found to have a potentially disqualifying condition will be notified at the time of Prescreening. Appeal to the Training Council's Medical Review Board (MRB) is automatic. Candidates at their own expense may submit medical or other documentation as to their condition or proposed accommodation to the MRB for consideration.

Candidates will be provided with procedures for appeal at the time of deferral. Appointing authorities and Chiefs of Police will be promptly notified of the deferral in writing.

C. Medical Review Board

The Medical Review Board shall consist of the following voting members: A medical doctor to be appointed by the Executive Director of the Massachusetts Criminal Justice Training Council; a police training subject matter expert to be appointed by the Executive Director of the Training Council; an advocate from the handicapped community; a representative of the Massachusetts Municipal Association; a member of the Training Council or designee; and, the General Counsel of the Training Council, who shall be a non-voting member.

The Chairman of the Medical Review Board shall be designated by the Executive Director of the Training Council.

A Medical Review Board will be scheduled in advance of each recruit session and as directed by the Executive Director, and will be convened at the Metro Boston Complex in Needham.

A candidate deferred from acceptance into a basic recruit training session will automatically have his/her material appealed to the Council's Medical Review Board.

All reviews by the MRB will be conducted in an expeditious manner, and barring unusual extenuating circumstances, will be completed as soon as is reasonably possible.

The deferred candidate may submit documentation, at his/her own expense, medical or other, relevant to his/her appeal to be considered by the MRB.

The Medical Review Board shall notify the Candidate, the Appointing Authority and the Chief of Police orally of its decision within 48 hours and will issue a written decision within 10 working days of the review to same.

Candidates whose deferral is reversed by the Medical Review Board will be eligible to enter the next available academy. Candidates whose deferral is upheld by the Medical Review Board may seek further appeal through the Massachusetts Commission Against Discrimination, the Massachusetts Civil Service Commission pursuant to M.G.L., Chapter 31, Section 2 or through civil process pursuant to Castro v. Beecher.

The decision of the Medical Review Board will be binding on academies operated or approved by the Training Council pursuant to M.G.L., Chapter 6, Section 118.

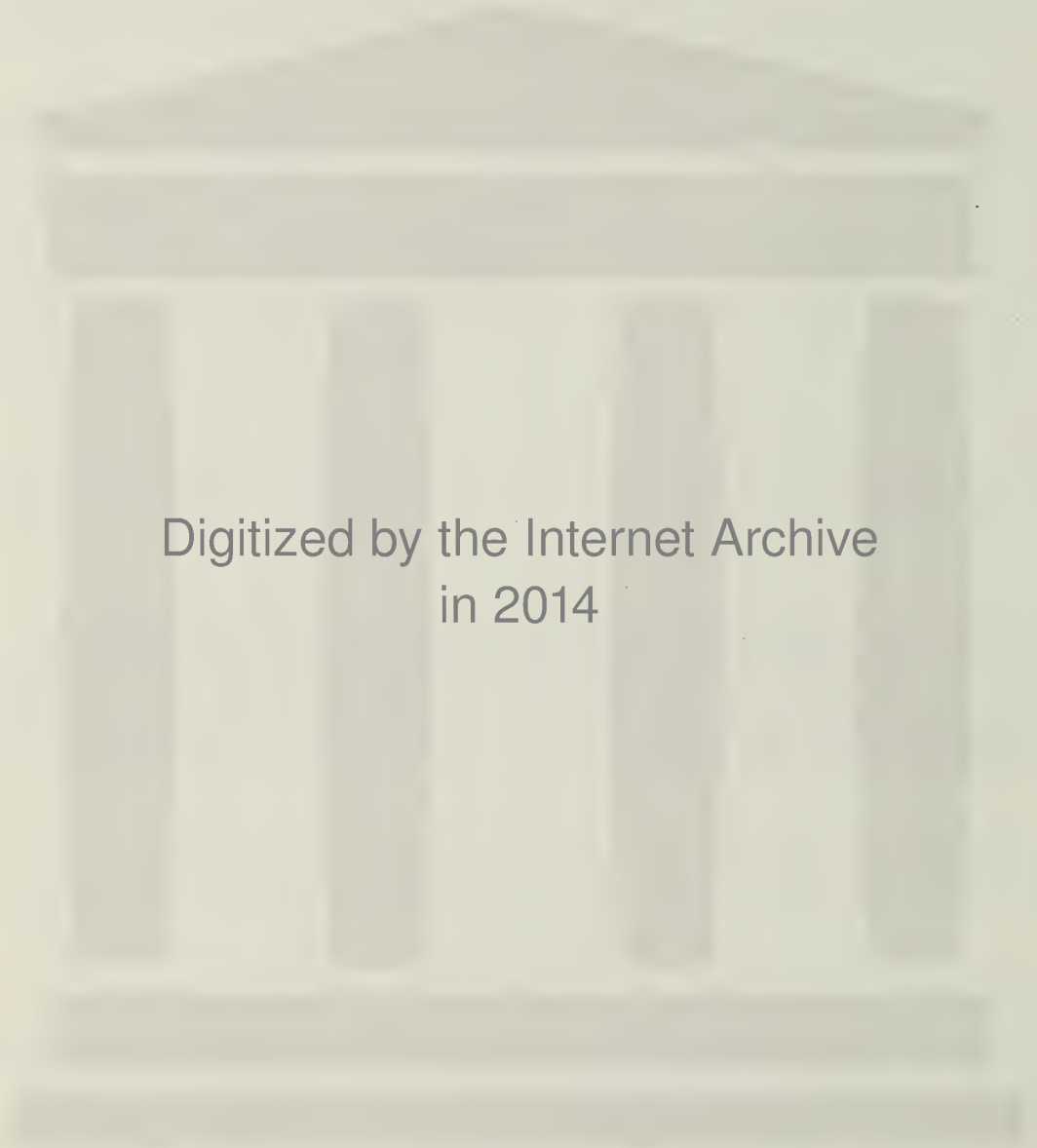
C. Administration

Psychological screening is not a requirement for entrance into an academy. However, where such examinations are made as a condition of employment by the appointing authority the following must be taken into consideration.

Psychological screening is a separately conducted component of the medical examination of public safety candidates and should be conducted as the final step and as a DPA approved plan only in the selection process. These examinations are to be given only to candidates who have been found otherwise qualified, and who have been given a conditional offer of employment. Uniform methods and procedures must be used for all candidates within a department. Inquiries relating to psychological screening should be directed to the Department of Personnel Administration at (617) 727-4110.

The Civil Service Commission is empowered under Section 2 Chapter 31 of the General Laws to hear and decide appeals by applicants aggrieved by any decision, action, or failure to act resulting from the administration of medical/psychological examinations as described herein.

Candidates will be entitled to copies of their medical examination form upon request. Inquiries concerning these policies and procedures should be directed to Judith P. Crossen, Director of Training, Criminal Justice Training Council, Metro Boston Complex, 1155 Central Avenue, Needham, Massachusetts 02192 or by calling (617) 727-7827.



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MASSACHUSETTS CRIMINAL JUSTICE TRAINING COUNCIL
MEDICAL GUIDELINES FOR BASIC RECRUIT
LEVEL TRAINING PROGRAMS

SECTION I

ABDOMEN AND GASTROINTESTINAL SYSTEM

Potentially Disqualifying Conditions are as follows:

A. Cholecystectomy, sequelae of, with recurring problem such as postoperative stricture of the common bile duct, recurrent stones, incisional hernia, etc.

B. Cholecystitis, acute or chronic, confirmed by usual tests.

C. Cirrhosis of the liver with or without jaundice, ascites or esophageal varices.

D. Gastritis, chronic, hypertrophic, if severe.

E. Hemorrhoids, external or internal, if symptoms significant.

F. Hepatitis within the preceding six months. All cases of hepatitis must be cleared with normal liver function tests. If serum hepatitis is suspected, drug addiction must be investigated. Patients who were hospitalized for hepatitis must submit a discharge summary.

G. Hernia - other than small asymptomatic umbilical, until surgically corrected.

H. Existing (past six months) or recurrent intestinal obstruction. Chronic diseases such as diverticulitis, regional ileitis, ulcerative colitis, and disease of the pancreas, during the preceding five years.

J. Resection, gastric or bowel, or gastroenterostomy, if symptomatic or for recurrent disease.

K. Active ulcer of the stomach or duodenum. If conditions has been remedied, a follow-up report from the physician must be submitted.

L. Splenectomy, if for malignancy, except those for Hodgkins disease. - Stage I

Note: All conditions listed in this document represent potentially disqualifying conditions. All conditions identified at the Training Council's prescreening of candidates prior to attendance in an academy are automatically appealed to the Medical Review Board. Please note procedures for the operation of these guidelines.

SECTION II

BLOOD AND BLOOD FORMING SYSTEM

Potentially Disqualifying Conditions include any noncorrectable abnormality or disease of the blood and blood forming system such as

A. Anemia - From blood loss until corrected.

B. Deficiency anemia.

C. Hemolytic anemia.

D. Hemorrhagic states.

E. Diseases of the white blood cells.

SECTION III

DENTAL

Potentially Disqualifying Conditions: All diseases of associated tissues which are not remediable.

SECTION IV

EARS AND HEARING

Potentially Disqualifying Conditions include;

A. All chronic or acute diseases of the external auditory canal, mastoids, middle ear and tympanic membrane that are non remediable.

B. Meniere's disease.

Note: Applicant must be able to hear whispered voice in either ear at twenty feet without benefit of hearing aid devices. If not, candidate must undergo full audiometric examination.

SECTION V

ENDOCRINE AND METABOLIC DISORDERS

Potentially Disqualifying Conditions are as follows:

A. Adrenal gland, malfunction of any degree.

B. Cretinism.

C. Any form of diabetes mellitus requiring insulin therapy.

D. Gigantism or acromegaly.

E. Active Hypothyroidism and Hyperthyroidism with or without Goiter.

1. Simple goiter with pressure symptoms or any tumor of the thyroid.

F. Gout of the joints which exhibits significant symptoms.

G. Hyperinsulinism.

H. Hyperparathyroidism and hypoparathroidism.

I. Hypopituitarism.

J. Myxedema, spontaneous or postoperative.

K. Nutritional deficiency diseases such as beri beri, pellagra and scurvy.

SECTION VI

UPPER EXTREMITIES

Potentially Disqualifying Conditions are as follows:

A. Disease, deformities or injury of upper extremity. There must be full range of motion, strength, stability and control of shoulder, elbow and wrist.

1. Contractures of Shoulder, Elbow, Wrist or Hand.

2. Dupuytren's contracture or any other contractures of the fingers.

B. Absence of an arm or any portion thereof.

LOWER EXTREMITIES

Potentially Disqualifying Conditions are as follows:

A. Disease, deformities or injury of lower extremity. There must be full rnage of motion, strength, stability and control of hip, knee and ankle.

1. Contractures of hip or knee.

2. Claw toes, club feet or other contractures of toes.

B. Absence of a leg, foot, or any portion thereof.

C. Muscle atrophy or weakness of upper or lower extremity. There must be full range of motion, strength, stability and control.

BOTH UPPER AND LOWER EXTREMITIES

Potentially Disqualifying Conditions are as follows:

A. Internal derangement of joints of upper or lower extremities such as torn cartilages or ligaments, presence of foreign bodies. History of surgical treatment of such conditions requires a current orthopedic evaluation, including current x-ray reports.

B. Miscellaneous.

1. Arthritis, active or subacute.

2. Documented clinical history of rheumatoid arthritis.

3. Dislocation of a major joint, if it interferes with function.

4. Fractures malunited, interfering with function.

5. Any old or recent fracture in which a plate, pin or screws were used for fixation and left in place which interferes with normal walking, running, or climbing activities or which is causing pain or other symptoms.

6. Osteomyelitis, active or recurrent of any bone, unless successfully treated one or more years previously without recurrence.

SECTION VII

EYES AND VISION

Abnormalities in the following areas are Potentially Disqualifying Conditions.

A. Lids.

1. Blepharitis, chronic more than mild. Cases of active blepharitis will be rejected until cured.

2. Blepharospasm, chronic more than mild. Cases of active blepharospasm will be rejected until cured.

3. Dacryocystitis, acute or chronic.

4. Destruction of lids, complete or extensive, sufficient to impair protection of the eye from exposure.

5. Disfiguring cicatrices and adhesions of the lids to each other or to the eyeball.

6. Growth or tumor of the eyelid other than small early basal cell tumors which can be cured by irradiation or surgical removal and small non-progressive asymptomatic benign lesions.

7. Entropion or ectropion.

B. Conjunctiva.

1. Conjunctivitis, chronic including vernal catarrh and tracoma. Potential disqualification until cured.

2. Pterygium encroaching on the cornea.

C. Cornea.

1. Dystrophy.

2. Keratitis.

3. Ulcer.

D. Uveal tract.

1. Inflammation of uveal tract.

E. Retina.

1. Chronic diseases of, including tumor, degenerative process, detachment, inflammation until surgically or medically corrected without residual abnormalities of the eye(s).

F. Optic nerve.

1. Hereditary conditions.

2. Optic neuritis, neuroretinitis or optic atrophy.

G. Lens.

1. Dislocation, opacities or chronic disease.

H. Abnormalities of the eye muscles affecting Ocular Mobility and Motility.

1. Diplopia.

*2. Nystagmus.

*3. Strabismus.

*4. Abnormal stereopsis or abnormal perception of depth.

*NOTE: Abnormalities detected during examination in items #2, 3, or 4 will require evaluation by an eye specialist in order to evaluate the extent of incapacitation.

I. Miscellaneous.

1. Absence of an eye or loss of use of one eye.

2. Exophthalmos.

3. Glaucoma.

4. Loss of visual fields.

5. Night blindness associated with objective disease of the eye. Verified congenital night blindness.

J. Visual Acuity.

1. Applicants for Public Safety positions must have uncorrected binocular acuity of at least 20/200 corrected to at least 20/25 binocularly with the poorer eye not worse than 20/80 corrected.

2. Visual fields.

(a) The horizontal visual field must be at least 150 degrees as measured on a perimeter or similar device.

(b) No gross defect should be found in finger counting confrontation fields.

(c) Binocular vision.

1. No constant or intermittent diplopia.

(d) Color vision - Must be able to recognize red, green, and yellow.

SECTION VIII

GENITOURINARY SYSTEM

Potentially Disqualifying Conditions are as follows:

A. All acute and chronic diseases of the reproductive system which are incapacitating and not remediable.

Women

1. Marked menstrual cycle irregularities, incapacitating dysmenorrhea, menorrhagia, etc.

2. Serious menopausal syndrome (physiological or artificial).

3. Bartholinitis, cervicitis, endometriosis, all pelvic inflammatory diseases until remedied.

NOTE: PREGNANCY - Candidates should be deferred until after pregnancy terminates and then given another examination.

Men

1. Prostatitis, orchitis and other inflammatory conditions of the reproductive system until remedied.

2. Hydrocele, varicocele, spermatocele until corrected.

B. URINARY SYSTEM- any non-correctable abnormality of the Renal System is Potentially a Disqualifying Condition, including:

1. Albuminuria, if persistent or recurrent.

2. Hematuria.

3. Cystitis, nephritis, nephrotic syndrome, until cured.

4. Absence of one kidney.

SECTION IX

NECK

Potentially Disqualifying Conditions are as follows:

A. Cervical rib, if symptomatic.

B. Congenital cysts of branchial cleft origin or those developing from the remnants of the thyroglossal duct.

C. Spastic or cicatricial contractures of the neck.

D. Tumor of thyroid or other structures of the neck.

SECTION X

HEART AND VASCULAR SYSTEM

Abnormalities in the following area are Potentially Disqualifying Conditions.

A. Heart.

1. All organic valvular diseases of the heart and great vessels, including those improved by surgical procedures.

2. Coronary artery disease or myocardial infarction, old or recent, or true angina pectoris at any time.

3. Electrocardiographic and clinical evidence of myocardial abnormalities such as:

   (a) Paroxysmal atrial tachycardia, flutter or fibrillation; paroxysmal ventricular tachycardia, flutter or fibrillation.

   (b) Conduction defects. First-degree atrio-ventricular block associated with right bundle branch block.

   (c) Left bundle branch block.

   (d) 2nd and 3rd degree, atrioventricular block.

   (e) Other conduction defects.

   (f) Unequivocal electrocardiographic- evidence of old or recent myocardial infarction.

4. Hypertrophy or dilation of the heart as evidenced by clinical examination, or x-ray, and supported by electrocardiographic examination.

5. Pericarditis, endocarditis, or myocarditis, with resulting abnormality of the heart.

6. Tachycardia, persistent with a resting pulse rate of 100 or more, regardless of cause.

B. Vascular System

1. Congenital and acquired lesions of the aorta and major vessels.

2. Hypertension:

(a) Entry level positions Cause for Possible Disqualification is preponderant systolic pressure over 140 MM and/or diastolic pressure over 90 MM. Blood pressure must be taken on each arm in sitting and reclining positions. In addition, blood pressure must be taken after a period of rest. Total- five readings. Any candidate on medication to control blood pressure shall be deferred for consideration by the Medical Review Board regardless of the readings. In borderline cases, the applicant will be examined on three occasions by a staff physician. On each occasion five blood pressure readings will be taken as outlined above. Upon completion of the third examination, the examining physician will determine the applicant's status based upon the following.

POTENTIALLY DISQUALIFIED More than 50% of the readings are above the maximum limit (140/90).

QUALIFIED 50% or more of the readings are 140/90 or below.

(b) Positions above entry level. Cause for deferral or possible Disqualification is preponderant systolic pressure over 140 MM and/or diastolic pressure over 90 MM. Blood pressure must be taken five times as indicated above. Medication to control blood pressure will not be a cause for rejection. In borderline cases the applicant will be examined on three occasions by a staff physician. On each occasion five blood pressure readings will be taken as outlined above. Upon completion of the third examination, the examining physician will determine the applicant's status based upon the following:

POTENTIALLY DISQUALIFIED More than 50% of the readings are above the maximum limit (140/90).

QUALIFIED 50% or more of the readings are 140/90 or below.

3. Circulatory instability indicated by orthostatic hypotension, persistent tachycardia and peripheral motor disturbances.

4. Peripheral vascular disease, including Raynaud's disease, Buerger's disease, and erythromelalgia.

5. Thrombophlebitis, history of with persistent thrombus.

6. Significant varicose veins until surgically corrected.

C. Miscellaneous.

1. Aneurysm of the heart or of major vessel.

2. History of a congenital septal defect treated by surgery, but with residual abnormalities.

3. Substantiated history of rheumatic fever or chorea within the previous two years, or recurrent attacks thereof, with evidence of residual cardiac damage.

SECTION XI

LUNGS AND CHEST WALL

Potentially Disqualifying Conditions are as follows:

1. Abnormal elevation of the diaphragm on either side.

2. Abscess of the Lung.

3. Acute bronchitis until cured.

4. Acute fibrinous pleurisy.

5. Acute mycotic disease of the lung such as coccidiodomycosis and histoplasmosis.

6. Acute non tubercular pneumonia.

7. Foreign body in trachea or bronchus.

8. Foreign body of chest wall, causing symptoms.

9. Lobectomy. Removal of more than one lobe is cause for rejection regardless of the absence of residuals.

10. Pneumothorax other than due to simple trauma or spontaneous in origin if it occurred within the past year.

11. Unhealed fracture of ribs, sternum, clavicle or scapula.

12. Other diseases.

(a) Tuberculosis, active at any time within the past two years in any form or location.

(b) Non tuberculous lesions (active conditions).

1. Acute mastitis.

2. Bronchial asthma, active within the passt two years (asymptomatic asthma requiring treatment is regarded as active).

3. Bronchitis, chronic.

4. Bronchiectasis.

5. Bronchopleural fistula.

6. Generalized pulmonary emphysema.

7. Chronic abscess of lung.

8. Chronic fibrous pleuritis.

9. Chronic mycotic diseases of the lung, including coccidioidomycosis.

10. Empyema, residual sacculation or unhealed sinuses of chest wall following operation for empyema.

11. Extensive pulmonary fibrosis from any cause.

12. Foreign body of the lung or mediastinum causing symptoms or active inflammatory reaction.

13. Multiple cystic disease of the lung or solitary cyst which is large and incapacitating.

14. New growth of breast.

15. Osteomyelitis of rib, sternum, clavicle or vertebra.

16. Pleurisy with effusion of unknown origin within previous two years.

17. Suppurative periostitis of rib cage.

SECTION XII

MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS AND LARYNX

Potentially Disqualifying Conditions are as follows:

A. Mouth

1. Hard palate, perforation of.

B. Nose.

1. Chronic rhinitis of severe degree

2. Uncorrected nasal obstruction.

3. Nasal septum, perforation, if associated with chronic disease.

4. Sinusitis chronic associated with chronic purulent discharge, nasal polyps.

C. Pharynx, trachea, esophagus and larynx.

1. Esophagus, organic disease of such as ulceration, varices and peptic esophagitis.

2. Laryngeal paralysis, sensory or motor, due to any cause.

3. Larynx, organic disease of such as neoplasm, polyps, ulceration.

D. Tracheostomy or tracheal fistula.

E. Aphonia.

SECTION XIII

NEUROLOGICAL DISORDERS

Potentially Disqualifying Conditions are as follows:

A. Degenerative Disorders.

1. Cerebellar and Friedreich's ataxia.

2. Cerebral arteriosclerosis.

3. Encephalomyelitis, residuals of.

4. Huntington's chorea.

5. Multiple sclerosis.

6. Muscular atrophies and dystrophies of any type, if causing functional disability.

B. Neurosyphilis of any form.

C. Any form of epileptic seizures: Grand mal, petit mal, Jacksonian epilepsy, and psychomotor seizures as listed by International Classification of Epileptic Seizures*, (*Gastaut II: Clinical and electroencephalographical classification of epileptic seizures. Epilepsia 11.102. 1970) - and history thereof.

D. Peripheral Nerve Disorder

1. Polyneuritis.

2. Mononeuritis.

3. Neurofibromatosis.

E. Miscellaneous.

1. Congenital malformations.

2. Migraine, when frequent and incapacitating.

3. Paralysis, or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of consciousness or personality abnormalities regardless of cause.

4. Tremors, spasmodic torticollis, athetosis or other abnormal movements.

Note: Patients with past history of concussion (within past 5 years) - with loss of consciousness or fracture of the skull- must obtain neurologic clearance and have normal EEG (current examinations).

SECTION XIV

ADDICTION TO ALCOHOL/DRUGS OR USE OF TOBACCO PRODUCTS

Potentially Disqualifying Conditions are as follows:

A. Chronic Alcoholism and/or drug addiction.

A diagnosis of alcohol or drug addiction, confirmed by medical evidence.

SECTION XIV (Cont.)

Note: Candidates disqualified for history of drug addiction or chronic alcoholism who wish to establish that they are no longer addicted may request a hearing with the Medical Review Board at which time they will be afforded the opportunity to prove that they have not been so addicted for a period of:

- two years in the case of alcohol addiction
- five years in the case of drug addiction

B. Use of any tobacco product pursuant to Chapter 697 of the Acts of 1987.

SECTION XV

SKIN AND CELLULAR TISSUES

Potentially Disqualifying Conditions are as follows:

Any chronic skin disorder extensive in nature which requires outpatient treatment or hospitalization. For example leukemia cutis, eczema, neurofibratosis, scleroederma-(others).

SECTION XVI

SPINE, SCAPULAE, RIBS AND SACROILIAC JOINTS

Potentially Disqualifying Conditions are as follows:

A. Spine, and sacroiliac joints.

1. Deviation or curvature of the spine from normal alignment, structure or function, producing scoliosis, kyphosis, or lordosis, if interfering with normal function

2. Diseases of the lumbosacral or sacroiliac joints of a chronic type and associated with pain, muscular spasm, postural deformities and limitation of motion in the lumbar region of the spine.

3. Healed fracture of the spine or pelvic bones which are associated with symptoms.

4. Herniation for intervertebral disc or history of operation for this condition, unless complete restoraration of function has occurred.

B. Scapulae, clavicles and ribs.

1. Fractures, until well healed.

2. Osteomyelitis of rib, sternum, clavicle, scapula or vertebra.

SECTION XVII

SYSTEM DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

Potentially Disqualifying Conditions are as follows:

A. Dermatomyositis.

B. Systemic lupus erythematosus.

C. Tuberculosis, active, in any form or location or substantiated history of active tuberculosis within previous two years.

D. Allergic manifestations.

1. Asthma, Asthmatic Bronchitis.

2. Allergic dermatoses of chronic and severe nature.

E. Chronic metallic poisoning, especially beryllium, manganese and mercury.

SECTION XVIII

TUMORS AND MALIGNANT DISEASE

Potentially Disqualifying Conditions are as follows:

A. Benign tumors of:

1. Central nervous system and its membranous covering, unless five years after surgery and not otherwise disqualifying residuals.

2. Any benign tumor, the size or location of which interferes with normal function of the body.

B. Malignant diseases and tumors.

1. Leukemia, acute or chronic.

2. Malignant lymphomata.

3. Malignant tumors, except for small early basal cell tumors.

4. Hodgkins Disease- if a candidate has or had Hodgkins Disease and such disease is at stage one, the candidate will not be disqualified. (An updated physician's statement shall be obtained.) Otherwise Hodgkins Disease is a cause for disqualification.

SECTION XIX

VENEREAL DISEASE

Chronic venereal disease which has not satisfactorily responded to treatment is a potentially disqualifying condition.

SECTION XX

WEIGHT FOR HEIGHT
Valid September 1, 1986

Height Inches	Feet & Inches	Male Age 17-20	21-27	28-39	40 +	Female Age 17-20	21-27	28-39	40+
58	4'10"	-	-	-	-	109	112	115	119
59	4'11"	-	-	-	-	113	116	119	123
60	5'	132	136	139	141	116	120	123	127
61	5'1"	136	140	144	146	120	124	127	131
62	5'2"	141	144	148	150	125	129	132	137
63	5'3"	145	149	153	155	129	133	137	141
64	5'4"	150	154	158	160	133	137	141	145
65	5'5"	155	159	163	165	137	141	145	149
66	5'6"	160	163	168	170	141	146	150	154
67	5'7"	165	169	174	176	145	149	154	159
68	5'8"	170	174	179	181	150	154	159	164
69	5'9"	175	179	184	186	154	158	163	166
70	5'10"	180	185	189	192	156	163	168	173
71	5'11"	185	189	194	197	163	167	172	177
72	6'0"	190	195	200	203	167	172	177	183
73	6'1"	195	200	205	208	172	177	182	188
74	6'2"	201	206	211	214	178	183	189	194
75	6'3"	206	212	217	220	183	188	194	200
76	6'4"	212	217	223	226	189	194	200	206
77	6'5"	218	223	229	232	193	199	205	211
78	6'6"	223	229	235	238	198	204	210	216
79	6'7"	229	235	241	244	203	207	215	222
80	6'8"	234	240	247	250	208	214	220	227

Note:
1. The height will be measured in stocking feet (without shoes), standing on a flat surface with the chin parallel to the floor. The body should be straight but not rigid, similar to the position of attention. The measurement will be rounded to the nearest inch with the following guidelines: (a) If the height fraction is less than 1/2 inch, round down to the nearest whole number in inches. (b) If the height fraction is 1/2 inch or greater, round up to the next highest whole number in inches.
2. The weight should be measured and recorded to the nearest pound within the following guidelines: (a) If the weight fraction is less than 1/2 pound, round down to the nearest pound. (b) If the weight fraction is 1/2 pound or greater, round up to the next pound.
3. All measurements will be in a standard PT uniform (gym shorts and T-Shirt, without shoes.

SECTION XX (Cont.)

Individuals who exceed the prescribed weight in the preceding tables will be anthropometrically measured at the Metro Boston Complex in Needham or the Connelly Criminal Justice Training Center in Agawam at the time of prescreening. Applicants will have an automatic appeal to the Medical Review Board. If the appeal is unsuccessful the applicant's option is to lose weight until they reach the weight prescribed for their group or by subsequent anthropometric measurement. Their names will remain on the eligible list for possible future certification at which time they must meet the prescribed weight.

The following measurements will be made anthropometrically:

1. Height in stocking feet
2. Weight
3. Circumference of the waist (at the level of the umbilicus) and the neck, in centimeters
4. Skin fold of the bicep site
5. Skin fold of the tricep site
6. Skin fold of the subscapular site
7. Skin fold of the suprailiac site

Results will be provided to the applicant and to the Examining Physician.

SECTION XXI

MODIFICATION OF MEDICAL STANDARDS

A. Additional Conditions That May Be Disqualifying.

If the examining physician finds that an applicant is subject to a disease or condition not listed in these guidelines which, in his opinion, could be potentially disqualifying, the examining physician should report this condition on the form provided. The Training Council, on receipt of the report of the examining physician, will decide whether the stated disease or condition shall be added to the medical guidelines and he will refer the individual case to the Medical Review Board for review.

B. Elimination of a Potentially Disqualifying Conditions.

If the examining physician finds that an applicant is subject to a particular form of a disease or condition listed generally as a potential cause for disqualification in these guidelines, and in the opinion of the examining physician the particular form of the listed condition does not and will not impair normal functions, the physician should report his opinion to the Training Council. The Executive Director, on receipt of the report, will determine whether the listed cause for disqualification should be stated more narrowly in the medical guidelines and he will refer the individual case to the Medical Review Board for review.